

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

ELBERTA BERNICE LIEBERMAN,)	
)	
Plaintiff,)	
)	
v.)	C.A. No. 96-523-GMS
)	
THE STATE OF DELAWARE,)	
THE FAMILY COURT OF THE)	
STATE OF DELAWARE)	
)	
Defendants.)	

AFFIDAVIT OF ELBERTA BERNICE LIEBERMAN

STATE OF DELAWARE)
) SS.
NEW CASTLE COUNTY)

1. I am the Plaintiff in this action and make this affidavit based on my personal knowledge, except where I state it is based on what I believe to be true based on information supplied to me.

2. I have helped prepare and I have read the Statement of Facts set forth in the brief filed on my behalf in opposition to the Motion For Summary Judgment On Substantive Issues filed by the State of Delaware (the "State"). That Statement of Facts is accurate.

3. I filed my Application To Proceed Without Prepayment of Fees And Affidavit on October 22, 1996. Exhibit "A" is a copy of that application, as filed. The application was granted on October 31, 1996.

4. The State's violation of my rights continued after October, 1996. *See* Exhibit "B", a letter from the State, continuing to deny me reasonable accommodation and threatening me with dismissal.

Elberta Bernice Lieberman
Elberta Bernice Lieberman

SWORN TO AND SUBSCRIBED before me, a Notary Public, this 15th day of July, 2005.

Loretta M. Lawrence
Notary Public



EXHIBIT A

AO 240 (Rev. 1/94)

COPY

ORIGINAL

RECEIVED
 OCT 22 1996
 U.S. DISTRICT COURT
 DISTRICT OF DELAWARE
 CW

United States District Court

DELAWARE

DISTRICT OF

ELBERTA BERNICE LIEBERMAN,
 Plaintiff,

v.

APPLICATION TO PROCEED
 WITHOUT PREPAYMENT OF
 FEES AND AFFIDAVIT

THE STATE OF DELAWARE/THE
 FAMILY COURT OF THE STATE
 OF DELAWARE,
 Defendant

CASE NUMBER:

96-523

I, Elberta Bernice Lieberman declare that I am the (check appropriate box)
☒ petitioner/plaintiff/movant ☐ other

In the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 U.S.C. §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?: ☐ Yes ☒ No (If "No" go to Part 2)

If "Yes" state the place of your incarceration _____

Are you employed at the institution? _____ Do you receive any payment from the institution? _____

Have the institution fill out the Certificate portion of this affidavit and attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

The last date I was employed was 1/31/95; the last date I worked was 10/28/94. I worked for The Family Court of the State of Delaware at 900 King Street, Wilmington, DE 19801. The amount of my last take-home salary was \$983.53, which I received semi-monthly.

3. In the past twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	My State of Delaware monthly
b. Rent payments, interest or dividends	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	pension is \$959.85, and my
c. Pensions, annuities or life insurance payments	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	my monthly SSDI is \$1134.00
d. Disability or workers compensation payments	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Twice, my sister has loaned
e. Gifts or inheritances	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	me \$145, but she needs me to
f. Any other sources	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	immediately repay her. I h

If the answer to any of the above is "yes" describe each source of money and state the amount received and what you expect you will continue to receive

\$145 on 11/3/96



Machine			
Written by			
License No.			
Term			

[illegible][illegible]

Initial Estimate	Revised Estimate	Authorizations	Replaced parts requested by customer?
Parts _____	Parts _____	Time of Day _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Labor _____	Labor _____	Customer contacted by: _____	
Tax _____	Tax _____	<input type="checkbox"/> in Person	
Total _____	Total _____	<input type="checkbox"/> on Phone # _____	

I authorize the parts and labor listed above. I give you authorization to test drive the vehicle, if required. We cannot be responsible for articles or damage to the vehicle that are reasonably beyond our control.

Signature _____

FORM #11628 NATIONAL Rev. 6/96

CUSTOMER WORK ORDER COPY - NOT A RECEIPT

Total Labor		
Total Parts		
Accessories		
Tax		
TOTAL		

AO 240A (1/94)

United States District Court

DISTRICT OF

DELAWARE

ELBERTA BERNICE LIEBERMAN,
Plaintiff,

v.

THE STATE OF DELAWARE/THE
FAMILY COURT OF THE STATE
OF DELAWARE,
Defendant

ORDER ON APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES

CASE NUMBER:

96-523

Having considered the application to proceed without prepayment of fees under 28 U.S.C. §1915;

IT IS ORDERED that the application is:

☒ GRANTED.

☐ The clerk is directed to file the complaint.

☐ IT IS FURTHER ORDERED that the clerk issue summons and the United States marshal serve a copy of the complaint, summons and this order upon the defendant(s) as directed by the plaintiff. All costs of service shall be advanced by the United States.

☐ DENIED, for the following reasons:

ENTER this 31st day of October, 19 96.

She L. Robinson
Signature of Judicial Officer

U.S.D.J.
Name and Title of Judicial Officer

EXHIBIT B



The Family Court of the State of Delaware

ADMINISTRATIVE OFFICES
CARVEL STATE BUILDING
FIFTH FLOOR
820 N. FRENCH STREET
WILMINGTON, DELAWARE 19801

November 17, 1994

EDWARD G. POLLARD, JR.
COURT ADMINISTRATOR

Institute of Pennsylvania Hospital
c/o Ms. Bernice Lieberman
D.D.U. - North 3
111 N. Forty-Ninth Street
Philadelphia, PA 19139

Dear Ms. Lieberman:

This is to confirm our telephone conversation of November 14, 1994 in which you requested that my office initiate, on your behalf, an application for disability pension with the State of Delaware Pension Office.

You related to me that the letter from N. Scott Stehle, M.D. to Family Court dated November 1, 1994, was to serve as the basis for your application for a State of Delaware disability pension. I indicated that Dr. Stehle's letter would be sent to the Pension Office along with your application and related benefits forms. I indicated that during the disability pay period (a three month period beginning November 1, 1994 through January 31, 1995), that Dr. Stehle would be contacted by the Medical Review Committee of the State Pension Office, for further medical information.

Enclosed is a completed State of Delaware Application for Disability Pension. Please review all information and return all three copies. Each copy must be signed individually by you and witnessed by a Notary Public. I have enclosed a self-addressed envelope for the pension application and all attached documents.

Also, we will need your birth certificate and social security card to complete the file. I would suggest that you return everything which you can as soon as possible so that your application can be filed with the Pension Office. You can add any remaining items after the initial filing.

Notwithstanding assisting you with your disability pension application, I am compelled to inform you of your status regarding the pre-decision meeting which had been scheduled for November 2, 1994.

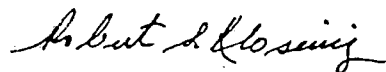
Bernice Lieberman
November 17, 1994
Page 2

Because I had been notified by Dr. Bauchwitz on November 1, 1994 of your inability to attend the meeting scheduled for November 2, 1994, that meeting was postponed.

At this point, your pre-decision meeting is now re-scheduled for the afternoon of the first work day when, and if, you are declared medically able to return to your position as a mediation/arbitration officer. If you are declared medically able to return to work, your work status will be suspended without pay. You will remain in the suspended without pay status until your pre-decision meeting. What this means is that if you do receive medical approval to return to work, you are not to return to work, but will be placed on suspension without pay as of that date, pending your pre-decision meeting.

If you have any questions, please do not hesitate to contact me at 577-2296.

Sincerely,



Robert S. Klosiewicz
Chief of Personnel Services

RSK/dsb

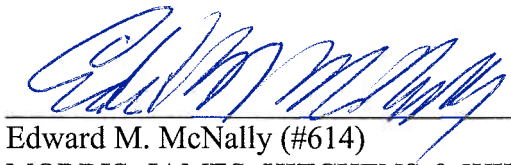
cc: Personnel File
Randall Williams, Director of Operations, NCC

attachments

CERTIFICATE OF ELECTRONIC SERVICE

I, Edward M. McNally, hereby certify that on July 15, 2005, I electronically filed copies of the Affidavit of Elberta Bernice Lieberman and this Certificate of Service with the Clerk of Court using CM/ECF which will send notification of such filings to the following:

Marc P. Niedzielski, Esquire
Department of Justice
Carvel State Office Building
820 N. French Street
Wilmington, DE 19801



Edward M. McNally (#614)
MORRIS, JAMES, HITCHENS & WILLIAMS LLP
222 Delaware Avenue
Wilmington, DE 19801
(302) 888-6800
emcnally@morrisjames.com